

# SASSOON GENERAL HOSPITAL PUNE-1

## QUOTATION

(Section-C)

Sr.No.	Dosage	Quotation No.:-	Dt:-
		2976	12/17/18
11		Noradrenaline 2mg/ml 2ml Amp	MSLEM 482
12		Oxytocin 5 I.U. .ml 1ml Amp	MSLEM 654
13		Protamine Sulphate 10mg/ml 5ml Amp	MSLEM 431
14		Amino Acid 10% 500ml Bottle	MSLEM 833
15		Acyclovir 200mg	MSLEM 247
16		Albendazole 400mg	MSLEM 126
17		Bisacodyl 5mg	MSLEM 571
18		Carbimazole 5mg	MSLEM 602
19		Cetirizine 10mg	MSLEM 63
20		Cyclosporin 50mg	MSLEM 377
<b>Terms &amp; Conditions</b>			
<b>Note:-1)Rate Should be quoted inclusive of All Tax &amp; rates Valid Upto six Months</b>			
1	Strength of Drug ,MRP,Cost & Mfg Company , Packing must be mentioned		
2	The Delivery Of the Material must be at Medical Store at Office Time		
3	The Envelop &Quotation Should be addressed on name Of DEAN SASSOON GENERAL OSPITAL PUNE-1 (Attention Medical Store ) & it Should be submitted stipulated time at Administrative Office before 5=00 P.M.		
4	Delivery Period 24 Hours From the Date Of Receipt of the Order		
5	The Quotation envelop should mention Qtn. Ref No. along with Generic Name& Strength of drug		
6	Rates must be mentioned in figure as well as in words		
7	Rates should be quoted as per official PHARMACOPEAL STANDARDS.		
8	Conditional Quotations will not be accepted		
9	Right to Accept, Recall, Or Reject above quotations lies solely with DEAN , SASSOON GENERAL HOSPITALs,PUNE		
10	Rates For Tablets should Be quoted for Strip packing Only		
11	If it is Noticed that the mentioned drug is available in local Market at lower price than that of quoted rate then the claim for the purchase by this qtn. Will become invalid		
<b>LAST DATE OF SUBMISSION OF QUOTATION 29/12/18 BEFORE 5=00P.M.</b>			

Your's Faithfully

all  
29/12/18

  
DEAN

SASSOON GENERAL HOSPITAL PUNE-1

